

Tracking of Hurricane (Katrina and Rita) Evacuees Accessing California's Alcohol and Drug Service Delivery System

Instructions

County Name: Enter the name of the county reporting the data.

Direct Provider (if applicable): Enter the name of the direct provider reporting the data.

County of Direct Provider (if applicable): Enter the name the county where the direct provider resides.

CADDs Number of Direct Provider (if applicable): Enter the 6-digit CADDs number of the direct contract provider.

Report Month/Year: Enter the reporting month and year of when clients were admitted, discharged, and/or services provided.

Admitted for Services: Enter the number of clients entered into the AOD system for the specific type of service.

of Services Provided: Enter the total number of service units or hours that were provided for the specific type of service. The following are some examples for reporting units and hours:

- Outpatient Drug Free Individual Counseling – enter the total number individual counseling session provided to Hurricane evacuees.
- HIV Early Intervention Services – enter the total number of staff hours utilized for this service for the Hurricane evacuees.
- Residential services – enter the total number of bed days utilized for this service for the Hurricane evacuees.

Discharged from Services: Enter the number of clients discharged from the AOD system for the specific type of service.

Complete form and submit by the 10th of each month for the previous report month to:

Denice Maberry
Department of Alcohol and Drug Programs
Fiscal Management and Accountability Branch
1700 K Street
Sacramento, California 95814

If you have any questions on completing the form, please contact Denice Maberry at (916) 322-5907.



Tracking of Hurricane (Katrina and Rita) Evacuees Accessing California's Alcohol and Other Drug Service Delivery System

County Name: _____

If Applicable, Direct Provider Name: _____

County of Direct Provider: _____

CADDs Number of Direct Provider: _____

Report Month/Year: _____	Admitted for Services		# of Services Provided		Discharged from Services	
Type of Service	Katrina	Rita	Katrina	Rita	Katrina	Rita
Day Care Rehabilitation						
Aftercare						
Outpatient Drug Free - Group Counseling						
Outpatient Drug Free - Individual Counseling						
Narcotic Replacement Therapy (Dosing)						
Narcotic Replacement Therapy (Individual Counseling)						
Narcotic Replacement Therapy (Group Counseling)						
Outpatient Methadone Detoxification						
Inpatient Methadone Detoxification						
Naltrexone						
Rehabilitative Ambulatory Detox (other than Methadone)						
Residential Detoxification						
Residential - Long Term						
Residential - Short Term						
Hospital Inpatient Detoxification						
Hospital Inpatient Residential						
Chemical Dependency Recovery Hospital						
Transitional Living Center						
Alcohol- and Drug-Free Housing						
Perinatal Outreach/Publicity						
Vocational Rehabilitation						
HIV Early Intervention Services						
Tuberculosis Services						
Interim Services						
Case Management						
Primary Medical Care						
Pediatric Medical Care						
Transportation						
TOTAL:	-	-	-	-	-	-

By the 10th of each month for the previous report month, submit this form to:

Denise Maberry, Department of Alcohol and Drug Programs, Fiscal Management and Accountability Branch, 1700 K Street, Sacramento, California 95814

Completed by: _____

Title: _____

Telephone Number: _____